

Rosecrest Learning Academy Season: _____
Signup Date: _____

New Student Registration Form

Student Information

Student's Name: _____ Date of Birth (MM/DD/YYYY): _____

Mailing Address: _____

Primary Phone: _____ Phone (2): _____

Name of Person responsible for paying fees: _____

Primary Email Address: _____

Primary Billing Phone # _____

Legal Release and Policy Acceptance (please initial)

___ I/we understand the Studio Policies ___ I/we understand my billing obligations
___ I/we understand the risks related to dance ___ I/we understand my responsibilities for my property
___ I/we understand the dress code ___ I/we understand the schedule
___ I/we give media use rights permission ___ I/we understand the attendance policy

Signature / Responsible Party _____

Date _____

Classes

Class Name	Meeting Date(s) / Time	Fees / Minutes

Registration Fee: _____

Recital Fee: _____

Tuition: _____

Costume Fee: _____

Discounts: _____

Comp Fees: _____

Total Monthly Tuition _____

Gym Fee: _____

Measurements

___ Height ___ Girth ___ Tights Size
___ Shoe Size ___ Inseam ___ Leotard Size

Medical

Allergies: _____

Will your child require any special medical attention during a normal class: (yes/no) _____

[] – Recorded [] Paid in full [] On hold Processed by: _____ Special Notes: _____

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If yes – Explain:

– Recorded Paid in full On hold Processed by: _____ Special Notes:
